SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 Estimated average burden hours per form 16.00 FORM D RECEIVE SEC USE ONLY NOTICE OF SALE OF SECURITIES Prefix Serial PURSUANT TO REGULATION D; **SECTION 4(6), AND/OR** DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) LCG SELECT, LP - LIMITED PARTNERSHIP INTERESTS Filing Under (Check box(es) that apply): Rule 504 ☐ Rule 505 ■ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) LCG SELECT, LP Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 599 Lexington Avenue, 35th Floor, New York, New York 10022 (212) 583-4163 Telephone Number (Including Area Copp) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business JUL 08 2004 Investing and Trading in Securities Type of Business Organization THOMSON FINANCIAL ☐ corporation ☑ limited partnership, already formed ☐ other (please specify): Limited Liability Company ☐ business trust ☐ limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: Actual ☐ Estimated D E Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CRF 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this from. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice

UNITED STATES

OMB APPROVAL

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

filing of a federal notice.

FORM D

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2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of
 equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership
issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner
Check Box(cs) that apply. In Frontier in Bonerical Switch In Indian Switch
Full Name (Last name first, if individual)
Luxor Capital Group, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
599 Lexington Avenue, 35 th Floor, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Manager of General Partner
Full Name (Last name first, if individual)
Christian Leone Business or Residence Address (Number and Street, City, State, Zip Code)
Susmess of Residence Address (Fulliber and Sirect, City, State, 21) Code) 599 Lexington Avenue, 35 th Floor, New York, New York 10022
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Principal of General
Partners
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Principal of General
Partners
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Residence Address (Number and Street, City, State, 24p Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Boy(es) that Apply: Promoter
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or ☐ Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Acsidence Address (Frameer and Succession 22)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

			4	В.	INFORI	IATION	(ABOU)	I OFFEI	RING							
l. Has the	e issuer so	ld, or does	the issue	intend to	sell, to no	n-accredit	ted investo	ors in this	offering?				Υe	s No		
,	7	,			·		mn 2, if fil									
, , , , , , , , , , , , , , , , , , ,					**	-	,	Ü					# 1.00			
	*Subject to the discretion of the General Partner to accept lesser amounts							\$ 1,000	\$ <u>1,000,000</u>							
3. Does th	ne offering	g permit jo	int owners	ship of a s	ingle unit)							Yes Ne ⊠ □			
commi person list the	ssion or si to be liste name of	nation requimilar remoded is an asset the broker set forth the	uneration ociated pe or dealer	for solicit erson or ag . If more	ation of posent of a both than five	urchasers roker or d (5) persoi	in connect ealer regis ns to be li	ion with s tered with	ales of section the SEC	curities in and/or wit	the offering the hand the	ng. If a r states,				
Full Name (Last name	first, if in	dividual)					 								
Business or	Residence	Address	(Number a	ınd Street,	City, Stat	e, Zip Co	de									
Name of As	sociated F	Proker or I)ealer													
Name of As	socialed L	MOKET OF L)earer													
State in Wh																
(Check	"All State	es" or chec	k individu	ial States)					•					All State		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]				
Full Name (Last name	first, if in	dividual)													
Business or	Residence	Address	Number a	nd Street,	City, Stat	e, Zip Coo	ie)									
Name of As	sociated E	roker or I	Dealer										 .			
State in Wh	ich Person	Listed Ha	s Solicited	d or Intend	ls to Solic	it Purchas	ers									
(Check	"All State	es" or chec	k individu	ial States)			•				~~~~~			dl State		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]				
Full Name (Last name	first, if in	dividual)													
Business or	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	ie)									
																
Name of As	sociated B	roker or E	ealer													
State in Whi	ich Person	Listed Ha	s Solicited	d or Intend	is to Solic	it Purchase	ers									
(Check	"All State	es" or chec	k individu	al States)										II State		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN] Use blank	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]				

C. OFFERING PRICE, NUMBER OR INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the

	Type of Security		Aggregate		Amount Already
			Offering Price		Sold
	Debt	\$	0	\$	0
	Equity	\$	*	\$	4,100,000
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$_	0
	Partnership Interests	\$ \$ _	*	\$	4,100,000
	Other (specify):	\$	0	\$	00
	Total	\$	0	\$	4,100,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		2	\$	4,000,000
	Non-accredited Investors		1	\$	100,000
	Total (for filings Under Rule 504 only)			s	
	Answer also in Appendix, Column 4 if filing under ULOE				
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	

C. OFFERING PRICE, NUMBER OR INVESTORS, EXPENSES AND USE OF PROCEEDS

4.	a. Furnish a statement of all expenses in connection with the issue offering. Exclude amounts relating solely to organization expengiven as subject to future contingencies. If the amount of expendence the box to the left of the estimate.	ses of t	the issuer. The information m	ay be		
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs			×		
	Legal Fees.			X		
	Accounting Fees			×		
	Engineering Fees					
	Sales Commissions (Specify finder's fees separately)					
	Other Expenses (identify) delivery, mailing, fax, telephone, tr			×		
	Total	-		×		
_	b. Enter the difference between the aggregate offering price giv response to Part C – Question 1 and total expenses furnisher response to Part C – Question 4.a. This difference is the "adj gross proceeds to the issuer."	ed in usted			\$	*
5.	Indicate below the amount of the adjusted gross proceeds to the insured or proposed to be used for each of the purposes shown. It amount for any purpose is not known, furnish an estimate and check box to the left of the estimate. The total of the payments listed equal the adjusted gross proceeds to the issuer set forth in response Part C – Question 4.b above.	If the k the must	Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and Fees.		\$		\$	
	Purchase of real estate		\$		\$	• • • •
	Purchase, rental or leasing and installation of machinery		•			
	equipment		\$		\$	
	Construction or leasing of plant buildings and facilities		\$		\$	
	Acquisition of other businesses (including the value of secu	rities				
	involved in this offering that may be used in exchange fo	r the				
	assets or securities of another issuer pursuant to a merger)		\$		\$	
	Repayment of indebtedness		\$		\$	
	Working capital	×	\$ All adjusted gross proceeds		\$	
	Other		\$		\$	
			\$		\$	
	Column Totals	×	\$ All adjusted gross proceeds		\$	
	Total Payments Listed (column totals added)* *No minimum of the column totals added in the column total added in			s procee	ds	

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
LCG SELECT, LP	Luxor Capital Group, LLC, as general partner. By:	6/23/04
Name of Signer (Print or Type) Christian Leone	Title (Print or Type) Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)